



**WEST VIRGINIA OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION & ANTITRUST DIVISION**

P.O. Box 1789
Charleston, WV 25326-1789
Telephone: (304) 558-8986 or (800) 368-8808

**INDIVIDUAL APPLICATION TO SELL
PRENEED FUNERAL / BURIAL CONTRACTS**

(As required under West Virginia Code, Chapter 47, Article 14)

FEE: A fee of \$25.00 in the form of a check or money order made payable to the West Virginia Preneed Burial Regulation Fund, must be attached. Return this form and fee to address above.

Applicant's Name: _____

Home Address: _____

City _____ County _____ State _____ Zip _____

Social Security No: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Telephone: _____ (home) _____ (business)

Are you now, or have you ever been, employed by a funeral home or cemetery as a preneed sales person? _____
If yes, give name and address of funeral home / cemetery and the dates you were employed.

Previous Employment:

1. _____
(Name and Address of Employer)

From: _____ / _____ / _____ to _____ / _____ / _____ Position / Title: _____

2. _____
(Name and Address of Employer)

From: _____ / _____ / _____ to _____ / _____ / _____ Position / Title: _____

3. _____
(Name and Address of Employer)

From: _____ / _____ / _____ to _____ / _____ / _____ Position / Title: _____

Have you ever been convicted of a felony? _____

Have you been convicted of any crime other than a minor traffic offense? _____

Have you been convicted of a crime in any jurisdiction relating to the sale of preneed funeral contracts? _____

Have you ever had any certificate of authority or license to sell preneed funeral contracts revoked, suspended, or otherwise acted against, including denial of licensure, by a licensing authority of any jurisdiction? _____

Has any insurance company ever refused to bond you in relation to your employment? _____

If your answer was "Yes" to any of the above, attach a written statement describing the circumstances in detail.

PLEASE CONTINUE TO THE NEXT PAGE

List three (3) persons we can contact as references:

____ (Tele No) _____
____ (Tele No) _____
____ (Tele No) _____

If none of the above are former employers, please attach a statement as to why you have not listed a former employer.

I hereby certify that this application contains true and accurate information and further certify that I am familiar with the Preneed Funeral Contracts Act, W. Va. Code, § § 47-14-1 et seq., and the Regulations implementing the Act.

Applicant: _____

Taken, subscribed and sworn to before me this ____ day of _____, _____

My Commission Expires: _____

NOTARY PUBLIC

STATEMENT OF EMPLOYER/OWNER

I hereby certify that I am employed by or owner of the Funeral Home or Cemetery named below and that I am personally acquainted with the individual named in this application and believe he/she has sufficient knowledge of the Preneed Funeral Contracts Act, W. Va. Code, § § 47-14-1 et seq., and the Regulations implementing the Act to merit a license to carry on the business of selling Preneed Funeral Contracts in accordance with the provisions of the law and that the applicant will work under my control and supervision.

Funeral Home or Cemetery

Printed Name

Address

Signature

City State Zip

Title or Position

Funeral Home or Cemetery COA NO. _____

Taken, subscribed and sworn to before me this ____ day of _____, _____

My Commission Expires: _____

NOTARY PUBLIC

This application must be accompanied by a license fee of \$25.00 in the form of a check or money order made payable to the West Virginia Preneed Burial Regulation Fund,